Walking Readiness Questionnaire

Please complete before starting any exercise program. Common sense is your best guide here. Read each question carefully and answer each one as it applies to you.

| 1. | Has your doctor ever said you have heart or lung trouble? | ☐ Yes | ☐ No | |
|--|--|---|------------------|--|
| 2. | Do you ever have pains or pressure in your heart or chest during physical | | | |
| ۷. | • | | _ | |
| | activity? | ☐ Yes | ☐ No | |
| 3. | Do you often feel faint, or have spells of dizziness or shortness of breath during | | | |
| ٥. | | ☐ Yes | □ N _t | |
| | physical activity? | L 103 | — ''' | |
| 4. | Has your doctor ever said your blood pressure was too high? | ☐ Yes | ☐ Nc | |
| | , | | | |
| 5. | Do you smoke cigarettes or have diabetes? | ☐ Yes | ☐ No | |
| _ | | | F75 . b.(. | |
| 6. | Does heart disease run in your family? | ☐ Yes | ☐ No | |
| 7. | Has your doctor ever told you that you have a bone or joint pro | ald you that you have a hone or joint problem such as | | |
| 1. | | | | |
| | arthritis, that might be made worse by exercise? | ☐ Yes | 1 140 | |
| 8. | Is there a good physical reason, why you should not follow an activity program | | | |
| Ο. | | ☐ Yes | □ No | |
| | even if you want to? | u ies | LI NO | |
| 9. | Are you age 60 or older? | ☐ Yes | ☐ No | |
| | , | | | |
| 10. | Are you taking medication for your heart or lungs? | ☐ Yes | ☐ No | |
| | | | | |
| If you answered "yes" to any of these questions, you should talk to your doctor | | | | |
| before starting an exercise or walking program or increasing your physical activity. | | | | |
| Ask your doctor's advice about whether you can participate in a walking program | | | | |
| | | | | |
| or a program of physical activity. | | | | |
| | | | | |
| If you answered "no" to all of these questions, it is probably safe to assume that you | | | | |
| can participate in a walking or exercise program. However, if you are unsure you | | | | |

should consult your doctor.